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PTO/SB/83 (11-96)
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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

| | |
|------------------------|----------------|
| Application Number | 09/850,184 |
| Filing Date | 05/07/01 |
| First Named Inventor | Buswell et al. |
| Group Art Unit | 2131 |
| Examiner Name | n/a |
| Attorney Docket Number | Wyse-006 |

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified application.

The reasons for this request are:

Requested by client.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

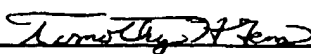
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OR

| | | | | | |
|--|-------------------|-------|----|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Mr. James Eakin | | | | |
| Address | 3150 Porter Drive | | | | |
| Address | | | | | |
| City | Palo Alto | State | CA | ZIP | 94306 |
| Country | | | | | |
| Telephone | 650-813-5000 | Fax | | | |

This request is enclosed in triplicate.

| | |
|-----------|---|
| Name | Timothy H. Gens |
| Signature |  |
| Date | 02-28-02 |

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.